A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the		FOR LI	NE N	E NUMBER: PAGE 10/11								
ITEMIZED DISBURSEMENTS		١,	<u> </u>	only one)				_					
	Detailed Summary Page		21b	Н	22 28a	X	23 28b	H	24 28c	\vdash	25 29	26 30b	
Any Information copied from such Reports and Statem	ents may not be sold or used	d by a		n for		ırpos		solic		ontrik			
or for commercial purposes, other than using the name	and address of any political	com	mittee to	solici	it conti	ribut	ions fr	rom	such o	comr	nittee		
NAME OF COMMITTEE (In Full)				- 40									
CARDIOLOGY ADVOCACY ALLIANCE IN	C POLITICAL ACTION (COM	1MITTE	E (C	AAPA	AC)							
Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.				Transaction ID: SB23.4505 Date of Disbursement									
Mailing Address PO Box 682185				09 9 7 22 7 2008									
	State Zip Code TN 37068				Amou	ınt o	f Each	n Di	isburse	men	t this	Period	
Purpose of Disbursement					L.					10	0.00	0	
Candidate Name MARSHA MRS. BLACKBURN			itegory/ Type										
Senate President	ment For: Primary General Other (specify)												
State: TN District: 07													
Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS					Transaction ID: SB23.4496 Date of Disbursement								
Mailing Address 7840 Red Leaf Drive				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
City State Zip Code Las Vegas NV 89131					Amount of Each Disbursement this Period								
Purpose of Disbursement										. 5	00.0	0	
Candidate Name JON C SR PORTER			itegory/ Type										
Office Sought: X House Disburse Senate President	ment For: Primary General Other (specify)												
State: NV District: 03													
Full Name (Last, First, Middle Initial) RELY ON YOUR BELIEFS FUND		Transaction ID: SB23.4519 Date of Disbursement								V			
Mailing Address 209 Pennsylvania Avenue SE					0 ^M 9			2 2] [2	0 Ŏ	8 '	
•	State Zip Code DC 20003				Amou	ınt o	f Each	n Di	isburse	-			
Purpose of Disbursement					L.	0				10	0.00	0	
Candidate Name RELY ON YOUR BELIEFS FUND			tegory/ Type										
Senate President	ment For: Primary General Other (specify)												
State: District:													
SUBTOTAL of Disbursements This Page (optional) .			•	<u>•</u>						25	00.0	0	

TOTAL This Period (last page this line number only)